

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

**10/561284**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			/			
2		/		/			52			/			
3		/		/			53			/			
4		/		/			54			/			
5		/		/			55			/			
6		/		/			56			/			
7		/		/			57			/			
8	/		/				58			/			
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		/		/			66						
17		/		/			67						
18	/		/				68						
19	/		/				69						
20		/		/			70						
21		/		/			71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28	/		/				78						
29		/		/			79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37	/		/				87						
38		/		/			88						
39		/		/			89						
40	/		/				90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48		/		/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.	7	↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	58	←	51	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	65		58				TOTAL CLAIMS						